

N000000000592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

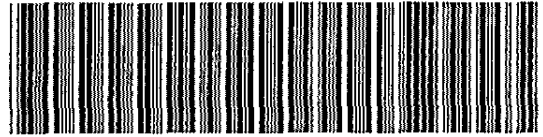
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600042466866

11/09/04--01027--016 **35.00

FILED
04 NOV -9 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

T BROWN NOV 16 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Better Tomorrows, Inc.

DOCUMENT NUMBER: N00000000592

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia McIntyre

(Name of Contact Person)

(Firm/ Company)

502 N. MacArthur Avenue, Suite A

(Address)

Panama City, FL 32401

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Patricia McIntyre

(Name of Contact Person)

at (850) 769-9008

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Better Tomorrows, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

N00000000592

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

The following are being added to Article III:

H. Bill and collect from insurance companies if client is covered.

I. Provide services for adults and children with speech / language, physical, occupational or emotional disorders.

J. Use of holistic treatment techniques utilizing nutritional, medical, exercise and counseling techniques.

K. Develop and provide spa facilities and services.

(Attach additional pages if necessary)

(continued)

FILED
04 NOV -9 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of adoption of the amendment(s) was: October 22, 2004

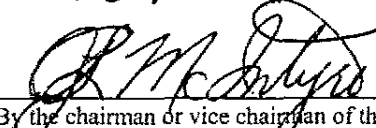
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 4th day of NOV., 2004.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Jeri Lane McIntyre

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35